

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HS</i>		<i>07/23/00</i>
O.I.P.E. CLASSIFIER	<i>ERJ</i>	<i>159</i>	<i>3541</i>
FORMALITY REVIEW		<i>60185</i>	<i>4/31/00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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